

State of Arizona Board of Respiratory Care Examiners 1400 W. Washington, Suite 200 Phoenix, Arizona 85007 (602) 542-5995 FAX (602) 542-5900

www.rb.state.az.us

RELEASE OF RECORDS

I,, RCP, her	reby authorize,, to release
to the Arizona State Board of Respiratory Ca	are Examiners (Board) my personal records. In
addition, I hereby express my permission to	to communicate with
Board staff either in person, or via telephone	conversation. I understand that the Board shall
keep this information confidential and that	the information shall be subject to the same
provisions concerning discovery and use and l	egal action as is the original provider from whom
this information is being secured.	
R	CP
K	Ci

Date